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| 19/901,359                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                              |                                                                                                                                                                                     |                                                                                                                                                                                                                       |                  |                                                                                               |                           |  |  |
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| APPLICATION NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | FILING DATE                                                                                                                                                  |                                                                                                                                                                                     | ST NAMED INVENTOR                                                                                                                                                                                                     | AT               | TORNEY DOCKET NO.                                                                             | CONFIRMATION NO.          |  |  |
| 09/901,359                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 07/09/2001                                                                                                                                                   |                                                                                                                                                                                     | Toshiski Kawakami                                                                                                                                                                                                     |                  | 967_012                                                                                       | 5346                      |  |  |
| E OF INVENTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ; SEAT SUPPORTING                                                                                                                                            | TABLE FOR A BARBER O                                                                                                                                                                | K BEAUTY CHAIR A                                                                                                                                                                                                      | ND HAIR WASHER V | VIIN THE SEAT SUPP                                                                            | ORTING TABLE              |  |  |
| TOTAL CLAIMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | APPLN. TYPE                                                                                                                                                  | SMALL ENTITY                                                                                                                                                                        | ISSUE FEE                                                                                                                                                                                                             | PUBLICATION FEE  | TOTAL FEE(S) DUE                                                                              | DATE DUE                  |  |  |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | nonprovisional                                                                                                                                               | mo des                                                                                                                                                                              | sheed no                                                                                                                                                                                                              | \$300            | \$1780 P                                                                                      | 06/11/2002                |  |  |
| EXA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | MINER                                                                                                                                                        | ART UNIT                                                                                                                                                                            | CLASS-SUBCLASS                                                                                                                                                                                                        |                  |                                                                                               |                           |  |  |
| ELOSHWA'                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Y, CHARLES R                                                                                                                                                 | 3751                                                                                                                                                                                | 004-523000                                                                                                                                                                                                            |                  |                                                                                               |                           |  |  |
| FR 1363), Use of PT ut not required.  Change of corresponded resistant PTO/SI  Control of the state of the st | O form(s) and Customer undence address (or Char B/122) attached. cation (or "Fee Address" ND RESIDENCE DAT as an assignee is identified to the USPTO or is i | Indication form  A TO BE PRINTED ON THE ded below, no assignee data veing submitted under separat                                                                                   | the names of up to<br>or agents OR, alte<br>single firm (having<br>attorney or agent)<br>registered patent at<br>is listed, no name w<br>E PATENT (print or ty<br>vill appear on the patent<br>e cover. Completion of | )<br>(x)         | orneys Wall Ma: c of s LIBP to 2 name 3 data is only appropriate stitute for filing an assign | when an assignment has    |  |  |
| OOHIRO V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | VORKS, LTD.                                                                                                                                                  | r categories (will not be printe                                                                                                                                                    | JAPAN                                                                                                                                                                                                                 |                  |                                                                                               | oup entity   Q government |  |  |
| The following fee(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                              |                                                                                                                                                                                     | syment of Fee(s):                                                                                                                                                                                                     |                  |                                                                                               |                           |  |  |
| Issue Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | •                                                                                                                                                            | A check in the amount of the fee(s) is enclosed.                                                                                                                                    |                                                                                                                                                                                                                       |                  |                                                                                               |                           |  |  |
| Publication Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                              | © Payment by credit card. Form PTO-2038 is attached.                                                                                                                                |                                                                                                                                                                                                                       |                  |                                                                                               |                           |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                              | Opies 10 29 The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0289 (enclose an extra copy of this form). |                                                                                                                                                                                                                       |                  |                                                                                               |                           |  |  |

(Date) June 11,

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